

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>XHJ</i>		<i>CB/20/00</i>
O.I.P.E. CLASSIFIER	<i>MW</i>	<i>59</i>	<i>03-24-0-</i>
FORMALITY REVIEW	<i>SJ</i>		
RESPONSE FORMALITY REVIEW	<i>RK</i>	<i>70029</i>	<i>5/11/00</i> <i>6/30/00</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	<i>10/5</i>
Original	<i>10/5</i>
1	<i>10/5</i>
2	<i>✓</i>
3	<i>✓</i>
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11	
12	
13	<i>✓</i>
14	<i>0</i>
15	<i>✓</i>
16	<i>0</i>
17	<i>0</i>
18	<i>✓</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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